



CLARK COUNTY • DEPARTMENT OF AIR QUALITY

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(702) 455-5942 • Fax (702) 383-9994

For DAQ Use Only

**TEST RESULTS SUBMITTAL FORM
FOR A GASOLINE DISPENSING OPERATION**

Source Name: _____ Source ID: _____

Source Address: _____
(address) (city) (zip)

Test Date: _____ Time of Test: _____

Testing Company Information

Testing Company Performing the Test: _____

Name of Tester: _____ Tester's Email: _____

Tester's Phone: _____ Tester's Fax: _____

Stage II System Design, if applicable (Assist, Balance, Healy, other): _____

What tests were performed (Attach all DAQ Test Forms)?

Tests Performed	Test	Test Procedure	Pass	Fail
	Static Pressure Decay			
	PV Vent Valve			
	Air to Liquid Ratio			
	Dynamic Back-Pressure			
	Flow Rate			
	Healy 400 or 600 Phase II Vapor Recovery Systems: Vapor Return Line			
	Other			

I certify that, based on information and beliefs formed after reasonable inquiry, the statements in this document are true, accurate and complete.

Signature of Responsible Official

Printed or Typed Name and Title

Responsible Official's Email

Date